



CHICO POLICE DEPARTMENT

ACTIVITY REPORT FORM

This form should not be interpreted as a permit for the listed activity. The organization responsible person is required to comply with all laws and city ordinances.

Organization Name: _____

Responsible Person(s): _____

Phone Number(s): _____

Email Address: _____

Event Location: _____

Type of Activity: _____

Type of Music: Band _____ DJ _____ Stereo _____

Estimated Number of Participants: _____ Date(s): _____

Time Start: _____ Time End: _____

Security Company? Yes No If yes, name: _____

Monitors? Yes No If yes, how many? _____

Rest Room Facilities? Yes No

Comments: